



TOWN OF STONINGTON

ASSESSOR'S OFFICE

152 Elm Street • Stonington, Connecticut 06378

(860) 535-5098 • Fax (860) 535-5052

Motor Vehicle Property Tax Exemption Application for Members of the Armed Forces

(United States Army, Navy, Marine Corps, Coast Guard and Air Force and reserve component, including the National Guard)

IF YOU CLAIM EXEMPTION IN THE TOWN OF STONINGTON FOR TAXES ON YOUR MOTOR VEHICLE UNDER C.G.S. §12-81(53), IT WILL BE NECESSARY FOR YOU TO COMPLETE THE FOLLOWING. A NEW APPLICATION MUST BE FILED ANNUALLY WITH THIS OFFICE. **FAILURE TO FILE THIS APPLICATION PRIOR TO DECEMBER 31ST NEXT, FOLLOWING THE TAX DUE DATE, SHALL CONSTITUTE A WAIVER OF YOUR RIGHT TO THIS EXEMPTION.**

Military Information

1. On October 1, _____, I was an active member of the armed forces, as defined in CGS§ 27-103.
(Year of most recent past October 1st)

2. On the assessment date, I was attached to the following unit: _____

3. I have served in this unit since (month /date/year): ____/____/____

4. My permanent address is: _____
Number & Street or PO Box City or Town State & Zip Code

5. a. Name (please print) _____ Telephone #: _____

b. Mailing address: _____
Number & Street or PO Box City or Town State & Zip Code

Vehicle Information

6. Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____

7. On the assessment date, this vehicle was (check one): Owned ☐ Leased ☐ (For leased vehicle complete 7 and 8)

8. Lease term: _____ to: _____ Lessor: _____
From (Mo/Date/Yr) To (Mo/Date/Yr) (Name of vehicle owner as it appears on the lease)

9. Lessor's Address: _____
Number & Street or PO Box City or Town State & Zip Code

Attestation Statement

I hereby claim a motor vehicle property tax exemption or tax refund for a leased vehicle, pursuant to CGS§ 12-81(53). All Information herein provided is true and accurate to the best of my knowledge and belief.

Signature of Active Duty Service Member

Signature of Commanding Officer

Date Signed

Office Use Only

GRAND LIST YEAR: _____ Regular ☐ Supplemental ☐ VEHICLE ASSESSMENT \$ _____

Signature of Assessor/Staff

Date